PTO/SB/01 (10-01)
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| DECLARATION FOR | | Attorney Dock t Num | ber 201 | 34-2 | |
| DESIG | | First Named Inventor | Mar | c L. Aronson | |
| PATENT APPL | | COMPLETE IF KNOWN | | | |
| (37 CFR 1 | .63) | Application Number | | / | |
| X Declaration | Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) | Filing Date | | | |
| LX Declaration L_ Submitted OR | | Art Unit | | | |
| with Initial Filing | | | | | |
| 9 | required) | Examiner Name | | | |
| As the below named inventor, I her | eby declare that: | | | | |
| My residence, mailing address, and o | itizenship are as stated belov | w next to my name. | | | |
| I believe I am the original and first inv | entor of the subject matter w | hich is claimed and for which | h a patent is s | ought on the invention entitled: | |
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| LOCK FOR HAND ST | ramping device | 2 | | | |
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| the specification of which | (Title of the In | ivenuon) | | | |
| the specification of which | | | | | |
| is attached hereto | | | | | |
| OR r | | | | | |
| was filed on (MM/DD/YYYY) | | as United States An | nlication Num | ber or PCT International | |
| was med on (MINIDDITTT) | | as Officed States Ap | pacadon Num | Jei of POT international | |
| | | | | | |
| Application Number | and was amende | ed on (MM/DD/YYYY) | | (if applicable). | |
| <u></u> | | <u> </u> | | | |
| I hereby state that have reviewed and understand the contents of the above identified specification, including the claims, as amended by | | | | | |
| any amendment specifically referred to above. | | | | | |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT | | | | | |
| applications, material information which international filing date of the continuational filing date of the continuation which is the continuation of the continuation | th became available betweer | n the filing date of the prior a | pplication and | the national or PCT | |
| I hereby claim foreign priority benefits | under 35 U.S.C. 119(a)-(d) | or (f), or 365(b) of any foreig | gn application | (s) for patent, inventor's or plan | |
| breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant | | | | | |
| breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is | | | | | |
| claimed. Prior Foreign Application | T | Foreign Filing Date | Priority | Certified Copy Attached? | |
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[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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| | | | | | | |
| City PITTSBURGH | State | PA. | ZIP 15219 | | | |
| Country USA Tele | phone 412-765- | 1580 | Fax 4127651583 | | | |
| are believed to be true, and further that these statement | I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | A petition has bee | en filed for this unsigr | ned inventor | | | |
| Given Name (first and middle [if any]) MARC ,L. | | y Name mame ARONSON | I | | | |
| Inventor's Signature | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| Residence: City PITTSBURGH | State PA | Country USA | Citizenship SUSA | | | |
| Mailing Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | | | |
| DI MMC DUDCU | D. 7 | ZIP 15227 | Country USA | | | |
| City PITTSBURGH | State PA | | | | | |
| NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor | | | | | | |
| Given Name (first and middle [if any]) Family Name or Surname | | | | | | |
| Inventor's Signature Date | | | | | | |
| Residence: City | State | Country | Citizenship | | | |
| Mailing Address | | | | | | |
| | 0 | ZIP | Country | | | |
| City State ZIP Country Additional inventors are being named on thsupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | |





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PTO/SB/81 (02-01)

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| Application Number | | | | |
|------------------------|---------------------|--|--|--|
| Filing Date | | | | |
| First Named Inventor | Marc L. Aronson | | | |
| Title Lock for h | and stamping device | | | |
| Group Art Unit | | | | |
| Examiner Name | | | | |
| Attorney Docket Number | 20134-2 | | | |

| Name Registration Number Number | I hereby appoi | nt: | | | | | | | |
|--|---|---------------------|------------------|----------------|----------|-------------|----------|------------|-------------|
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Marc L. Aronson Note: Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | 1.000.00 | ers at Customer N | lumber 00 | 572 | | | Nur | nber Bar (| |
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| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Address Address City State I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Marc L. Aronson Signature Date NOV - 9 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | |
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| City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Marc L. Aronson Signature Date NOV - 9 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | me | | | | | | | |
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| Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Marc L. Aronson Signature Date NOV - 9 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Address | | | | | | | | |
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| Name Marc L. Aronson Signature Date NOV - 9 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | |
| Name Marc L. Aronson Signature Date NOV - 9 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | |
| Signature Date NOV - 9 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | SIGNA | ATURE of Applica | nt or Assign | ee of | Record | | | |
| Date NOV - 9 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Name | Marc L. | Aronson | <i>\\\\</i> | | | | <u>-</u> | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | Signature | | | | _ | | | | |
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| ☑ *Total offorms are submitted. | | | | | | | | | |

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